

Iranian student nurses' experiences of clinical placement

H. Peyrovi¹ RN, MSN, M. Yadavar-Nikraves² RN, MSN, PhD, S. F. Oskouie³ RN, MScOH, PhD & C. Berterö⁴ RN, PhD

1 Doctoral student, Faculty of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran, **2** Assistant Professor, Faculty of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran, **3** Assistant Professor, Faculty of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran, **4** Associate Professor, Division of Nursing Science, Department of Medicine and Care, Faculty of Health Science, Linköping University, Linköping, Sweden

PEYROVI H., YADAVAR-NIKRAVESH M., OSKOUIE S. F. & BERTERÖ C. (2005) Iranian student nurses' experiences of clinical placement. *International Nursing Review* **52**, 134–141

Background: Nursing as a practice-based profession requires that student nurses learn how to become professional in the clinical environment. Many studies have addressed student nurses' clinical learning and related problems, but few have explored the whole clinical experience of being a student nurse.

Aim: To understand and gain deeper insight into Iranian student nurses' lived experience of clinical placement.

Method: Five student nurses were interviewed about their clinical experience during clinical placement. The researchers analysed the verbatim transcripts using van Manen's phenomenological methodology, keeping in mind the recommended six research activities.

Findings: Five themes emerged by which the phenomenon of clinical experience could be illustrated. These themes were: caring-orientated relationships, attractive aspects of clinical experience, finding oneself in the clinical milieu, being supportive to classmates, and actualizing potential. Fourteen subthemes expanded and clarified the meaning of these themes.

Conclusion: The attention paid and acknowledgement given to 'caring' and 'knowledge' by the student nurses showed that they are progressing toward their ultimate goal of being professional nurses. The student nurses' awareness of 'what is going on there?' and also support from other significant people facilitates the students' adaptation process and guarantees this progress.

Keywords Clinical Placement, Iranian Student Nurses, Lived Experiences, Phenomenology, van Manen

Introduction

Nursing as a practice-based profession requires student nurses to learn how to become professional in the clinical environment. Benor & Leviyof (1997) claim that approximately 50% of the curriculum for the nursing programme is devoted to clinical studies. This is crucial in order to shape the professional identity of nursing

students, and is also the primary source of learning professional attitudes, values and norms.

Chapman & Orb (2000) explain that the aim of nursing education is to foster nurses who have the ability and knowledge to care for clients in the clinical environment. It is not possible, in a laboratory setting, to simulate completely 'real client' nursing care and communication with 'real clients' who are sick, distressed, afraid and anxious. In the clinical field, nursing students have the opportunity to use knowledge in practice, to develop psycho-motor skills and to become socialized into the nursing profession (Reiley & Oerman 1992). In addition, clinical education provides students with basic theoretical nursing knowledge and intellectual

Correspondence address: Hamid Peyrovi, Doctoral Students' Department, Faculty of Nursing and Midwifery, Rashid Yasami St., Vali-Asr Ave., Tehran, 19395-4798, Iran; Tel: +98 21 8773073; Fax: +98 21 8793805; E-mail: hpeyravi@hotmail.com; hamidpeyravi@yahoo.com.

problem-solving knowledge (Lopez 2003). According to Naphthine (1996), the quality of students' clinical experience is an important determining factor in the quality of nursing education.

In Iran, the nursing programme bears some similarities to the nursing education programmes worldwide. The admission requirements in Iran are a certificate of general education (12 years) and students must also pass the National University Entrance Examination. The Iranian nursing education programme lasts 4 years and leads to a bachelor degree in nursing. Nursing students start clinical training from the second semester and this is run concurrently with theoretical courses until the end of the third year. The fourth year is allocated exclusively to clinical placement training.

At present, the nursing curriculum throughout Iran is accredited by the High Council of Medical Education, Ministry of Health and Education (Salsali 1999). Student nurses are trained in the university hospitals. In the clinical field, they are assigned to care for patient(s) based on nursing process. Case method is the teaching strategy of choice, especially in the intensive care wards. Students have opportunity to experience working with patients in many wards including intensive care and special wards. Their progress through these wards has a 'simple to hard' trend. They learn in the clinical environment under the direct guidance and supervision of a nurse educator for the first 3 years. In the final year they work under the direct guidance of staff nurses and alternate supervision of nurse educators.

Student-instructor ratio ranges from 1:6 up to 1:12. Student groups are homogenous in terms of gender except for intensive care wards. It is, according to Islamic rules, preferred that student nurses work with patients of the same gender, but this is not absolute. Within the clinical field, student nurses work with patients from various Iranian ethnic groups with different cultures. In addition to student nurses, students from other disciplines such as medicine and physiotherapy are also trained concurrently in the clinical field.

Literature review

There are many studies reporting problems that affect students' clinical learning. Stress, anxiety and initial clinical experience are some of the problems discussed. Mahat (1998) reported that junior student nurses frequently perceived stressors in the clinical setting. A study conducted by Admi (1997) revealed significant differences between the students' preclinical expected stress level and actual levels of stress in the clinical setting.

Some investigators focused on students' learning experiences in the clinical field. Student nurses described that being part of the team, that is doing and practising, and preoccupation about the theory-practice gap, were influential in their learning experiences (Nolan 1998). In Papp et al.'s (2003) study, several elements emerged from nursing students' clinical learning experiences: feeling appreciated (manifested by students feeling a part of the nursing care team),

feeling supported (by nurse mentors), quality of clinical practice (quality of mentoring and patient care) and self-directed learning.

There are few studies in which the whole clinical experience of nursing students has been studied. Chapman & Orb (2000) conducted a study to describe 'the nursing students' lived experience of clinical practice'. The three themes that emerged were: clinical practice as the real world, enhancement of learning, and hindrance. Neill et al. (1998) studied 'the clinical experience of novice students in nursing'. Five themes emerged: What am I doing here? How do I learn here? Who are the mentors? Where can I connect? and Did I do it well? These themes showed that sophomore (2nd year) student nurses reflected on their role, tried to learn from different sources and searched to validate their competence. None of the above studies was conducted using a hermeneutic phenomenological approach. It seems necessary to do so in order to gain a new descriptive-interpretive insight into the phenomenon of clinical experience. Indeed, what is nursing students' experience of clinical work?

The study

A qualitative approach was chosen, because the richness and depth of the findings of such an approach provides a unique appreciation of the reality of the experience (Morse & Field 1996). According to Streubert & Carpenter (1999), a phenomenological research approach tries to understand the structure and meaning of a human experience more fully. In reality, the clinical experience of nursing students cannot be studied by quantitative research, because it is highly subjective and needs to be interpreted.

Max van Manen developed a phenomenological philosophy comprising elements of Husserl's and Heidegger's philosophies (van Manen 2001; Munhall & Boyd 1994) and manifesting two approaches, hermeneutics and phenomenology. He proposed six research activities for the conduct of hermeneutic phenomenology research. These interwoven dynamic efforts provide a framework for reflecting and interpreting the experience under study (van Manen 2001). These activities are explained below.

Activity one involves the nature of lived experience. The researcher is committed to questioning deeply the phenomenon under study, having an abiding concern and giving it deep thought in order to make sense of a certain aspect of human existence.

Activity two focuses on investigating the lived experience. To do so, van Manen (2001) recommended researchers to search lived experience material everywhere in the life world. The third activity is about reflecting on the essential themes that characterize the phenomenon. This activity involves researcher's reflecting on the lived experience in order to grasp what gives the experience its special significance. 'Phenomenological research consists of reflectively bringing into nearness that which tends to be obscure, that which tends to evade the intelligibility of our natural attitude to everyday life' (van Manen 2001; p. 32).

The fourth activity is a writing activity, that is, describing the phenomenon through the art of writing and rewriting. Performing research in a phenomenological sense is to 'bring into speech' something thoughtfully, most commonly through writing.

Activity five is about maintaining a strong and orientated relation to the phenomenon. The researcher must understand the phenomenon in a full and human sense and 'not settle for superficialities and falsities' (van Manen 2001; p. 33). Finally, activity six is putting the research together: balancing the research context by considering parts and whole. It is necessary for the researcher to step back frequently and look at the whole, and to check the contribution of the parts in producing the total, otherwise, he or she may become so involved in the research and fail to give the text its revealing power, perhaps even not knowing how to progress.

Aim

The aim of this study was to understand and gain deeper insight into Iranian student nurses' lived experience of clinical placement.

Data were collected from nursing students of Faculty of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran. This faculty has 1028 nursing and midwifery students studying for BSc, MSc and PhD degrees. Nursing students in the bachelor degree programme start clinical training during the late part of the first semester and there is some overlap between theoretical courses and clinical training. According to the educational board philosophy, the absence of temporal delay between theoretical courses and clinical training means that students do not forget the theory when they are in the clinical field. Out of 716 nursing students studying for the bachelor degree, 91 students who had completed clinical training and were ready to begin the final year of education as internship students, and did not have any previous work experience as a nurse, met the criteria to participate in this study. They were seen as the best source of obtaining rich and valuable information about the experience of clinical placement. They had passed all clinical wards including intensive care, and were going to spend their vacation before starting the final year of their education. Sampling fitted the criterion of purposeful sampling. Fifteen students were invited to participate, out of whom nine attended to become orientated to the study. Three students dispensed with participation (two due to travel and sports matches, respectively, and one without any reason). Another student changed mind after being interviewed.

Interviews

Participants were informed about the study separately during 'face-to-face' sessions. Written information was subsequently given about the study, including a description of its aims and structure. The participants read this and their questions were answered by the researcher (H. Peyrovi). Those signing informed consent, six student nurses, were asked to agree upon a convenient

time and place for the interview. All participants preferred to be interviewed at the Faculty of Nursing and Midwifery.

As one student refused to continue participation after interview, interviews with five students (four female and one male) were finally analysed. The interview questions were asked in an open ended manner, with no fixed order but, unlike the structured interview, they were based on an interview guide, which was formulated from a critical review of the question at hand. The interview guide (Patton 2002) was based broadly on a critical review of existing research surrounding this subject, in conjunction with the goals of the study. The principal questions were: What comes to mind when you hear the phrase 'clinical experience'?; What feelings do you have when you are in the clinical field?; and What issues occupy your mind in the clinical environment?

The interviewer probed participant responses by using questions/statements, such as 'Could you say something more about that?' 'What did you think then?' 'When you mention . . . what do you mean?' (Kvale 1996).

The interviews were audiotaped for later transcription. Interview duration ranged between 40 and 70 min. The first author (H. Peyrovi) performed all interviews and their transcriptions in the student nurses' mother tongue (Persian, the original country language), which was also the first author's mother tongue, and then translated them to English, working with language validation to keep the correct nuances.

Ethical considerations

In order to provide autonomy, all potential participants were informed that participation was voluntary (Beauchamp & Childress 2001). All participants were given oral and written information about the study and were then, if they agreed to participate, asked to sign a written informed consent form stating that they agreed to be interviewed and that their words would be audiotaped and transcribed by the researcher for analysis (Holloway & Wheeler 1995). Participants had the autonomy to terminate their participation whenever they wanted. Confidentiality was assured and this meant that only the researcher would be aware of the real identities with their respective tapes, report or description (Holloway & Wheeler 1995). This was carried out by allocating each participant a numeric code. The researcher (H. Peyrovi) served as a contact person (by means of e-mail and telephone) for the participants, so that they could get in contact about new ideas or terminate their participation.

Data analysis

Hermeneutic reflection

Keeping in mind van Manen's (2001) research activities, the selective approach was used to isolate thematic statements. The researchers read the transcripts several times and asked what

statement(s) or phrase(s) seems (seem) particularly essential or revealing about the clinical experience described by the student nurses. The researchers highlighted these statements and treated them as thematic statements.

Hermeneutic writing

Subsequently, the researchers wrote notes and paragraphs about thematic statements and themes to capture them in a more phenomenological manner. The preliminary findings were presented at a seminar with research colleagues to establish a conversational relationship in order to discuss and test them (collaborative analysis). Free imaginative variation was used to verify which themes belong to the phenomenon essentially or incidentally. In order to bring meanings to the surface, the researchers frequently wrote, uncovered, reviewed, went into depth and rewrote the findings in order to uncover more meanings.

Maintaining a strong and orientated relation

By focusing on and using the experience to interpret, explain and understand the phenomenon, the researchers maintained a relationship of what it meant to experience the clinical field as a nursing student.

Balancing the research context by considering parts and whole

At several times during the research/analysis process, the researchers 'stepped back' and looked at the whole and the context given, and analysed how each of the parts contributed to the total (van Manen 1990).

Trustworthiness

Credibility means making conscious efforts to establish confidence in interpretation of the meaning of the data in terms of accuracy (Carboni 1995). To achieve credibility, we presented our preliminary findings to our research colleagues at a seminar in order to achieve collaborative analysis. Transferability refers to external validity. According to Lincoln & Guba (1985), it rests with the audience to judge transferability based on the thick description of the findings. Dependability is guaranteed when credibility is assured.

In addition, we provided an audit trail and evidence that supported interpretations and dependability. Confirmability indicates researcher neutrality, and shows the linkage of the data with the sources and the emergence of the conclusions and interpretations from them. Lincoln & Guba (1985) recommend providing an audit trail as a document to assure confirmability. As additional measures to meet the criteria of a rigorous study, we conducted all activities based on our initial research design.

Audiotape recording and then transcribing the interviews were other measures that were made to save all participants' information. Participants checked transcribed interviews in terms of congruency in order for the first author (H. Peyrovi) to know and

correct if there had been some misunderstandings when changing audiotaped recordings to transcription. A reflective journal helped us to reflect on our research activities.

Findings

The themes from student nurses' experiences of clinical placement were identified and interpreted as 'caring-orientated relationships', 'attractive aspects of clinical experience', 'finding oneself in the clinical milieu', 'being supported by classmates', and 'actualizing potential'. All themes are related to each other and present a pattern of clinical experiences, helping us to reach an understanding of student nurses' reality in their clinical placements and training.

Caring-orientated relationships

All the student nurses talked about the caring nature of clinical experience. Four subthemes were: how to manage the patient, a connected relationship, client reinforcement and empathy; capture the meaning of this theme.

How to manage the patient was a subtheme where some students hinted at their ways to meet patients' satisfaction. For example, one student said: 'No matter who the patient is, I recognize his or her strong points.' Another said: 'One patient may be pleased when his beauty is praised, another may like others' sympathy, some patients like to be respected and so forth.' A connected relationship was described by the student nurses as being aware of unique features of the relationship that they established with each patient. A connected relationship referred to a mutual feeling of closeness. Helping patients would establish a feeling of closeness in both the student and patient, thus making it easier to solve problems.

The best clinical experiences for student nurses were when they reinforced patients. Students wanted to do something for the patients to make them happy. This was mostly in the domain of relationships, not practical nursing care. Student nurses believed that feelings of happiness could have an influence on patients' healing. Two students referred to the celebration they held together with the patients when they were going to leave the psychiatric ward.

Empathy was a subtheme affecting the student nurses. Students explained how they felt uncomfortable when seeing patients in unpleasant conditions:

... this ward affects you deeply, because you see some patients that have neurosis not psychosis, you see some patients with severe depression ... I saw two young people in N hospital. They affected me deeply. They were very polite and handsome, but they had severe depression. When they speak, you become inconvenienced.

The prominent feature of participants' descriptions around this theme, caring-orientated relationships, was a holistic view towards the patient. They considered the patient as a human being with all aspects of biopsychosocial and spiritual needs.

Attractive aspects of clinical experience

The clinical environment is full of new experiences, learning situations and interesting events. The first experiences of seeing or doing something, feeling of probing, interesting interactions, and learning something useful in the clinical environment, were all attractive to the students. The subthemes describing these experiences were the first experience, experiencing attractive events, probing and journey to the unknown, and beyond clinical space and time.

Some students were pleased with their first experiences, such as being a part of giving birth or managing a task in spite of environmental conditions: '... once we were in the delivery room, the first delivery I saw was very delightful.'

The student nurses felt that they were experiencing attractive events in the clinical setting and their narratives indicated this. The students spoke about interesting patients' behaviours.

Patients are interesting and as a student nurse you learn interesting things, since the patients have a lot of experience of life to share. Every patient has specific behaviours, since every human being is unique and they are also in a very particular setting, in hospital ... some patients have a particular accent ... or ... I remember there was an old man. He was composing a poem sacred to everybody entered his room. He was interesting.

The clinical environment and the event were, according to the student nurses, experienced as probing and a journey to the unknown. Student nurses referred to paradoxical feelings of fear and willingness to search the unknown:

I felt there (clinical environment) is an undiscovered thing that ... I don't know. As if you want to go to a cave that is very dark ... and you want to find a route in the dark ... when you encounter an unknown, you don't know what will happen if you touch it, do you understand me? Therefore, there is both fear and willingness to experience.

Experiences, which could be useful further on were described as beyond clinical space and time. Some students described the applicability of things learned in other life situations. Some students explained how these experiences would be useful for future interactions, even outside the work environment.

Finding oneself in the clinical milieu

The world student nurses experience early in their clinical training is very different from the world they experience at a later point. There, students visit different people, have several different inter-

actions and activities. In the process of time, students realize 'what is going on over there'. Three subthemes that covered this theme were orienting to one's knowledge requirements, adaptation-induced self-confidence, and solicitude of incompleteness and acting in the 'real world'.

The student nurses started to be aware of the aim of the clinical placement and described it as orientating to one's knowledge requirements. They evaluated their knowledge acquirement in the past and compared it with their requirements for action in the clinical field. One student said:

... I think I haven't gotten what I should acquire from theory courses, I mean ... specially about drugs, I feel I haven't learned them, because now I forget some drugs ... I feel it would be better to implement another method of education about these, so that you can learn them better, because I think when we were studying pharmacology, we studied it rapidly, our goal was to read pharmacology in order to pass it, but gradually we feel that now it is useful or a patient may ask us for example ... 'why do you give me this drug?' In such situations you feel you must know it, you must know every thing.

Students reported a change in their degree of adaptation with time. They said implicitly that this gradual adaptation had increased their self-confidence in the clinical field, that adaptation induced self-confidence. The student nurses stated that they gradually gained more control when attending a patient's bedside:

My relationships have become much better than before, I mean ... since the first day, early in clinical field when I saw patients. I feel he already knew I didn't know, for example, this or I know for example that. We were afraid of the patient, but now I approach the patient's bedside with more control, and the type of my relationship depends on the patient's culture and encounters.

Solicitude of incompleteness and acting in the 'real world' was a subtheme with great impact on the theme 'finding oneself in the clinical milieu'. The students had worries about whether or not they would learn all the things they would need to act as a nurse in the future, and also about caring in the real world. There was a fear that the skills and procedures are not going to be achieved and experienced in the future:

Now is very different from the past, for example, the more injections students give, the more self-esteem they acquire. Of course, we are now in the fifth semester, and we still haven't achieved most procedures that we have learned in the clinical laboratory.

Another source of solicitude was acting in the 'real world':

If I'm told to perform an action, and I haven't performed it before, when I'm at the bedside, I'm concerned whether I am

able to do it right or not. What does the patient think about me? What do the other students think about me? I haven't performed this action, how do I do it?

It seems that this theme, finding oneself in the clinical milieu, describes, in part, the process by which student nurses progress towards becoming socialized as a nurse in their profession.

Being supported by classmates

When talking about sources of support for student nurses, it is most probably the clinical teacher who comes to mind as the first and most important source of support. As a rule, the nurse educator is the main person to support students, but the student nurses in this study appreciated their classmates in the first instance. This support was around recommendations about how to care for patients, being vigilant to classmates' incorrect activities, giving self-esteem, collaborative relationships, advocating each other and unity. As one of the student nurses said: '... It is very nice. Students report their patients to each other, and other students give him/her recommendations about some care ...'

Even if the classmates do not manage to help them practically, the feeling of support and understanding makes the task easier to achieve.

This informal source of support as described by student nurses had more impact upon the feeling of being supported than did the nurse educator.

Actualizing potential

When comparing the classroom teaching environment with the clinical environment, the first thing that comes to mind is that the clinical environment is a field to put theoretical knowledge into practice. Practice is the differential quality of clinical placement as compared with classroom teaching.

Important subthemes were: knowledge-guided practice, knowledge-practice incorporation, and activity-induced satisfaction. Nursing students frequently spoke about the importance of knowledge and its relation to practice. Their recurring emphasis was on 'knowing what to do'. They realized that the ultimate goal of their nursing knowledge is to put it into the practice of patient care. Accordingly, being inactive made them feel the clinical field/ placement was meaningless. The student nurses regarded 'being in the field without knowledge of doing' as problematic, and spoke about the experience they had as representing knowledge-guided practice: 'There are many issues, for example, if I don't know about what I want to do ... I mean knowledge deficit.'

The student nurses had a desire to do what they had acquired, 'I like doing what I have read in theory.' In their opinion, performing care in the field made them carry out their acquired theoretical knowledge practically, that is bridging the gap between theory and practice:

We enter the hospital environment after we pass theoretical courses, in order to apply them in practice and become orientated with the hospital environment, where we are going to work there in the future ... and clinical environment ... is exactly the same ... we learn theoretical experiences in practice.

Knowledge-practice incorporation was another subtheme giving a hint about the importance of actualizing potential. Student nurses felt superfluous whenever they didn't know what to do. They evaluated having knowledge in the clinical field as important as practice. Knowledge and practice were inseparable for them. Nursing students estimated the value of being in the clinical field by being active there. The students preferred to be active even at the expense of becoming tired; it was made fully worthwhile by the activity-induced satisfaction:

It's true when I'm there I'm tired, but I think those are good days ... because during those days one may learn even as much as one section. I mean, the clinical experience one may acquire one day may be equal to a complete section, and therefore good and ... it's true that, in the end, one became very tired, but I am deeply satisfied. I mean I'm satisfied with myself, because I have done work.

Students were interested in being active under the patronage of theoretical knowledge and they believed in the inseparable nature of knowledge and practice.

Discussion

Although the study was localized to Iran, the general findings reflected many aspects of studies by other researchers (Chapman & Orb 2001; Dunn et al. 2000; Kelly 1993). The only strongly related patient theme was that of caring orientated relationships. This theme is in agreement with Dunn et al. (2000) in applying the term 'altruism' to describe student nurses' desire to meet the needs of patients. Caring-orientated relationships are also in conformity with the findings of Wilson's study (1994) that student nurses demonstrated their caring behaviour by helping patients and were vigilant in not harming them.

Another distinctive theme that emerged from the data was attractive aspects of clinical experience. Clinical experience for student nurses is new experience. In the clinical field, they see something for the first time that has some attractiveness for them. Probing and a journey to the unknown appeared as an aspect of this theme, and means searching for something that is not clear to students.

Beyond clinical space and time represents knowledge and skill learned in the clinical field not being limited in terms of spatiality and temporality. Students can use their knowledge anywhere and anytime even beyond the spatial and temporal dimensions of the

clinical field. No studies have been found to support these findings. One of the most important themes identified, was 'finding oneself in the clinical milieu'. This theme refers to the gradual contact of student nurses with realities and respective subsequent outcomes. The first subtheme, orientating to one's knowledge requirements is supported by earlier findings, that the theoretical knowledge of student nurses is insufficient (Löfmark & Wikblad 2001). The feeling of being in need of more knowledge and orientation is a starting point for learning more in accordance with the notion of life-long learning, even though the student nurses are not aware of it at this moment.

Another subtheme, adaptation-induced self-confidence, concerns the gradual promotion of student nurses' confidence within the clinical environment, which can be seen to be in accordance with the findings of the students' development toward becoming more comfortable with performing nursing tasks. Dunn et al. (2000) refer to students' sense of confidence in the context of a gradual process that takes considerable time, effort and energy, which our study can confirm.

Being concerned about not learning everything required at the time of graduation and acting in the 'real world', as well as experiencing mixed feelings of fear, nervousness, stress vs. excitement, enjoyment and interest regarding the 'real world', clinical practice reflected the findings presented in other studies (Chapman & Orb 2000; Kelly 1993).

This theme, finding oneself in the clinical milieu, reflects in part, the process and product of professional socialization of student nurses into the clinical environment.

Another interesting finding was that the student nurses felt they were more supported by classmates than by supervisors, teachers or nurses on the ward. Student nurses were supported by the classmates' recommendations about patient care and their vigilance towards incorrect activities. The findings of Chapman & Orb (2001) also confirm this finding. They described a student grapevine system as an effective informal system to disseminate information among students about all aspects of the undergraduate programme. In contrast, Papp et al. (2003) reported that student nurses need to be supported in clinical practice, but the source of this type of support (educational support) was nurse mentors and teachers. In the present study, student nurses laid emphasis on the importance of knowledge-guided practice, incorporation between knowledge and practice, and satisfaction through being active. These three together convey the meaning underlying the theme 'to actualize potential'. Dunn et al. (2000) referred to this as a subtheme to the theme 'role integration' in their findings. Participants in their study viewed clinical experience as an opportunity to move from the theory-based realm of the university classroom to the application of knowledge in the field experience.

The subtheme 'knowledge-guided practice' is in agreement with the findings of Streubert's study (1994), where the theory students learned in class had primary relevance for their ability to practise in the clinical field.

A common theme in Wilson's study (1994) was the integration of theory into clinical practice. This theme referred to a reciprocal relationship of knowledge and practice, and is congruent with the subtheme 'knowledge-practice incorporated' found in the present study.

No findings confirming the subtheme 'activity-induced satisfaction' were found. In view of the fact that practical activity is a distinguishable feature of clinical experience, one may conclude some validity for this subtheme by reasoning. In addition, it makes 'good sense' when it is considered beside the other two subthemes.

In summary, these findings, as a whole, suggest that being in the clinical field as student nurse involves him/her in a process of realizing the professional self, during which the newness of some experiences evokes thinking in new ways. What these processes lead to is the application of theories of action to real problems. According to Argyris & Schön (1976), a theory of action has not been learned unless it can be put into practice. This process also carries in its core a caring relationship toward the patient, but whether this relationship and its required skills progress requires further study.

The transferability of these findings should be carefully evaluated in the light of the presented characteristics of the sample. It could be as Morse (1991) stated that the specific knowledge gained in one setting may be transferred to others.

Conclusion

This study provided deep insight regarding what student nurses experience during their clinical education. The student nurses laid emphasis on those areas that nurse educationalists must refer to in order to improve the quality of clinical education. The attention paid to 'caring' and 'knowledge' by students showed that they were progressing along the road toward the ultimate goal of being a professional nurse. Their awareness of 'what is going on there?' and also the support given by other significant people, guarantee this progress.

Implications for practice

The findings of this study give colour to the nature of clinical experience from five student nurses' points of view. Clinical teachers may reflect on these findings to improve the quality of clinical education. They may plan to increase integration between theory and practice, facilitate students' adaptation processes, and promote and reinforce both formal and informal support to students. Nurse educationalists can also attempt to reform the curriculum, taking these findings and those of other studies into

account. These findings may also be used in the planning of future clinical placements.

Student nurses in clinical placement have an impact on nursing practice, Head nurses and staff can therefore use these findings to tailor student nurses' clinical activities in accordance with the main goal of quality nursing practice, particularly in placements where the students are under their direct supervision.

Nurse researchers can focus on the caring behaviours of student nurses, the process of professional socialization of student nurses, and sources of support for student nurses in the clinical milieu.

Acknowledgements

We would like to thank all student nurses who participated in the interviews and shared their experiences with us. We are also grateful to the Faculty of Health Sciences, Linköping University, which gave us the opportunity to carry out this study, and to Susan Barclay Öhman, PhD, for revising the English.

References

- Admi, H. (1997) Nursing students' stress during the initial clinical experience. *Journal of Nursing Education*, **36** (7), 323–327.
- Argyris, C. & Schön, D.A. (1976) *Theory in Practice: Increasing Professional Effectiveness*. Jossey-Bass, San Francisco, CA.
- Beauchamp, T.L. & Childress, J.F. (2001) *Principles of Biomedical Ethics*. Oxford University Press, New York.
- Benor, D.E. & Leviyof, I. (1997) The development of students' perceptions of effective teaching: the ideal, best, and poorest clinical teacher in nursing. *Journal of Nursing Education*, **36**, 206–211.
- Carboni, J. (1995) A rogerian process of inquiry. *Nursing Science Quarterly*, **8**, 22–37.
- Chapman, R. & Orb, A. (2000) The nursing students' lived experience of clinical practice. *Australian Electronic Journal of Nursing Education*, **5** (2), No pagination.
- Chapman, R. & Orb, A. (2001) Coping strategies in clinical practice: the nursing students' lived experience. *Contemporary Nurse*, **11** (1), 95–103.
- Dunn, S.V., et al. (2000) Students' perceptions of field experience in professional development: a comparative study. *Journal of Nursing Education*, **39** (9), 393–400.
- Holloway, I. & Wheeler, S. (1995) Ethical issues in qualitative nursing research. *Nursing Ethics*, **2** (3), 223–232.
- Kelly, B. (1993) The 'real world' of hospital nursing practice as perceived by nursing undergraduates. *Journal of Professional Nursing*, **9** (1), 27–33.
- Kvale, S. (1996) *Interviews: An Introduction to Qualitative Research Interviewing*. Sage Publications, Thousand Oaks, CA.
- Lincoln, Y.S. & Guba, E.A. (1985) *Naturalistic Inquiry*. Sage, Beverly Hills, CA.
- Löfmark, A. & Wikblad, K. (2001) Facilitating and obstructing factors for development of learning in clinical practice: a student perspective. *Journal of Advanced Nursing*, **34** (1), 43–50.
- Lopez, V. (2003) Clinical teachers as caring mothers from the perspectives of Jordanian nursing students. *International Journal of Nursing Studies*, **40**, 51–60.
- Mahat, G. (1998) Stress and coping: junior baccalaureate nursing students in clinical settings. *Nursing Forum*, **33** (1), 11–19.
- Morse, J.M. (1991) Strategies for sampling. In *Qualitative Nursing Research: a Contemporary Dialogue* (Morse, J.M., ed.). SAGE, Newbury Park, CA, pp. 127–156.
- Morse, J.M. & Field, P.A. (1996) *The Application of Qualitative Approach*, 2nd edn. Chapman & Hall, London.
- Munhall, P.L. & Boyd, C.O. (1994) *Nursing Research: A Qualitative Perspective*. National League for Nursing Press, New York, NY.
- Napthine, R. (1996) Clinical education: a system under pressure. *Australian Nursing Journal*, **3** (9), 20–24.
- Neill, K.M., et al. (1998) The clinical experience of novice students in nursing. *Nurse Educator*, **23** (4), 16–21.
- Nolan, C.A. (1998) Learning on clinical placement: the experience of six Australian student nurses. *Nurse Education Today*, **18**, 622–629.
- Papp, I., et al. (2003) Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse Education Today*, **23** (4), 262–268.
- Patton, M.Q. (2002) *Qualitative Research and Evaluation Methods*. Sage publications, London.
- Reilly, D.E. & Oermann, M.H. (1992) *Clinical Teaching in Nursing Education*. National League of Nursing, New York.
- Salsali, M. (1999) Nursing and nursing education in Iran. *Image – the Journal of Nursing Scholarship*, **31** (2), 190–193.
- Streubert, H.J. (1994) Male nursing students' perception of clinical experience. *Nurse Educator*, **19** (5), 28–32.
- Streubert, H.J. & Carpenter, D.R. (1999) *Qualitative Research in Nursing: Advancing the Humanistic Imperative*, 2nd edn. Lippincott, Philadelphia, PA.
- Van Manen, M. (1990) *Researching Lived Experience. Human Science for an Action Sensitive Pedagogy*. State University of New York Press, Albany, NY; Althouse, London.
- Van Manen, M. (2001) *Researching Lived Experience. Human Science for an Action Sensitive Pedagogy*, 2nd edn. Althouse Press, Ontario.
- Wilson, M.E. (1994) Nursing student perspective of learning in a clinical setting. *Journal of Nursing Education*, **33** (2), 81–86.